OMB Approval 2700-0042

			1. CONTRACT ID COD	E PAGE OF PAGES	
AMENDMENT OF SOLICIT	ATION/MODIFICATIO	N OF CONTRACT		1 2	
. AMENDMENT/MODIFICATION NO.	3. EFFECTIVE DATE	4. REQUISITION/PURCHASE	REQ. NO.	5. PROJECT NO. (If applicable)	
A016	See Block 16C	06-08RL14661.002	06-08RL14661.002		
ISSUED BY	CODE	7. ADMINISTERED BY (If other	r than Item 6)	CODE	
U.S. Department of Energy Richland Operations Office P. O. Box 550, MSIN A7-80 Richland, WA 99352		Same as item 6. Contracting POC	: Richard A. Stim	amel (509) 376-2882	
NAME AND ADDRESS OF CONTRACTOR (No. S	treet, county, State and ZIP: Code)		(4) 9A. AMENDM	IENT OF SOLICITATION NO.	
CCSI, L.P. 300 East Royal Lane Suite 200			9B. DATED (
Irving, TX 75039				CATION OF CONTRACT/ORDER NO.	
ATTN: Lisa McManus			1 2	C06-05RL14661 (SEE ITEM 13)	
DDE	FACILITY CODE		08/23/2004		
11. THIS I	TEM ONLY APPLIES T	O AMENDMENTS OF	SOLICITATION	S	
	ng one (1) copy of the amendment actudes a reference to the solicity of the RECEIPT OF OFFERS and you desire to change an offet tation and this amendment, and is required) 2.00 25200 NA RL 0000 MAPPLIES ONLY TO MITTER THE CONTRACT/O SUANT TO: (Specify authority) THE EAUTHORITY OF FAR 43.103(b). ENTERED INTO PURSUANT TO AUTOMITHENT OF THE AUTHORITY OF THE AUT	nt: (b) By acknowledging receipt tation and amendment numbers S PRIOR TO THE HOUR AND or already submitted, such chan is received prior to the opening has been been been been been been been bee	of this amendment on FAILURE OF YOU DATA SPECIFIED MAge may be made by tour and data specified. \$5,000.0 TRACTS/ORDER ED IN ITEM 14. ARE MADE IN THE CONT	each copy of the offer submitted, R ACKNOWLEDGMENT TO BE AY RESULT IN REJECTION OF elegram or letter, provided each 0 S,	
IMPORTANT: Contact To The					
IMPORTANT: Contractor ☑ is i				he issuing office.	
DESCRIPTION OF AMENDMENT/MODIFICATION Reason for Modification: Obligation a. Contract Clause B.2 is changed by b. Paragraph B.2 is changed and Repl	of additional funds to contra increasing the contract oblig	ect ation by \$5,000.00 from \$2,		35,676.23.	
cept at provided herein, all terms and conditions of the do A. NAME AND TITLE OF SIGNER (Type or pr		peretofore changed, remains unchanged ar 16A. NAME AND TITLE OF C Richard A. Stirr	CONTRACTING OFFICE	R (Type or print)	
B. CONTRACTOR/OFFEROR	15C. DATE SIGNED	D 16B. UNITED STATES OF A	MERICA	16C DATE SIGNED	

B.1 Workers' Compensation Claims Administrative Services

This is a fixed-unit price services contract for Workers' Compensation Claims Administrative Services for the U. S. Department of Energy's Hanford Site. The Contractor shall furnish all personnel, facilities, equipment, material, supplies, and services (except as expressly set forth in this contract as furnished by the Government) and otherwise do all things necessary for, or incident to, performing in an efficient and effective manner, all work set forth in Section C, Statement of Work.

B.2 Obligation of Funds and Limitation of Government Financial Liability

The total amount of funds presently obligated by the Government under this contract is \$2,335,676.23. The Government will obligate contract funds based upon the expected number and type of claims anticipated to be processed. If, in the Contractor's judgment, the total amount of payments that will be due to the Contractor within the next 60 days will exceed the total funds obligated, the Contractor shall notify the Contracting Officer in writing. The Contractor has no obligation to perform and the Government has no obligation to pay for services in excess of the total funds obligated.

B.3 Price(s)

The Contractor will be paid monthly to provide claim services. The Contractor will receive payment for opening the initial claim. In the event that the claim is reopened, no additional payment will be made. In the event that a medical only claim evolves into an indemnity claim, the Contractor shall invoice for the difference, if any, between the amount previously invoiced and the higher unit price. All claims will be paid at the rates set forth below:

Indemnity Claims (October 1, 2004 through September 30, 2009) Table 1					
Fiscal Year	Indemnity Unit Price/Per Claim	75% Payment (Opening of New Claims)	25% Payment (Closure of Claims)		
FY2005	\$1,290.00	\$967.50	\$322.50		
FY2006	\$1,370.00	\$1,027.50	\$342.50		
* FY2007	\$1,460.00	\$1,095.00	\$365.00		
* FY2008	\$1,560.00	\$1,170.00	\$390.00		
* FY2009	\$1,670.00	\$1,252.50	\$417.50		

Medical Claims (October 1, 2004 through September 30, 2009) Table 2					
Fiscal Year		75% Payment	25% Payment		
	Medical Only Unit	(Opening of New	(Closure of Claims)		
	Price/Per Claim	Claims)			
FY2005	\$700.00	\$525.00	\$175.00		
FY2006	\$740.00	\$555.00	\$185.00		
* FY2007	\$785.00	\$588.75	\$196.25		
* FY2008	\$835.00	\$626.25	\$208.75		
* FY2009	\$890.00	\$667.50	\$222.50		

^{*} Option years - at the sole discretion of the Government.